



Due By April 24, 2009

ID# 99816

08 FS-1

Rhode Island Ethics Commission

2008 YEARLY FINANCIAL STATEMENT

RECEIVED
RHODE ISLAND
ETHICS COMMISSION
09 MAR 23 AM 11:24

DAVID E BATES
65 PRIMROSE HILL ROAD
BARRINGTON RI 02806-0000

ALL QUESTIONS REFER TO THE CALENDAR YEAR JANUARY 1, 2008 THROUGH DECEMBER 31, 2008
UNLESS OTHERWISE SPECIFIED.

PLEASE ANSWER ALL QUESTIONS AND WHERE YOUR ANSWER IS "NONE" OR "NOT APPLICABLE" SO
STATE. ANSWERS SHOULD BE PRINTED OR TYPED, and additional sheets may be used if more space is needed.
For clarification of any question, read instruction sheet.

Note: If you are a state or municipal official or employee who is required to file a Yearly Financial Statement, a failure to file the State-
ment is a violation of the law and may subject you to substantial penalties, including fines. If you received a 2008 Yearly Fi-
nancial Statement in the mail but believe you did not hold a public position in 2008 or 2009 that requires such
filing, you should contact the Ethics Commission (See Instruction Sheet for contact information).

1. BATES (LAST) DAVID (FIRST) E (INITIAL)
NAME OF OFFICIAL

2. 65 PRIMROSE HILL RD (STREET) BARRINGTON (CITY/TOWN) 02806 (ZIP CODE)
HOME ADDRESS

MAILING ADDRESS (If different from home address)

3. List Public Position(s) you hold and governmental unit:

SENATE DISTRICT 32 (PUBLIC POSITION) RI (MUNICIPALITY, STATE OR REGIONAL)

(PUBLIC POSITION) (MUNICIPALITY, STATE OR REGIONAL)

I was elected on 2008 (date) I was appointed on _____ (date) I was hired on _____ (date)

If you no longer hold a public position, state date of termination or resignation _____

4. List elected office(s) for which you were/are a candidate in either calendar year 2008 or 2009 (Read instruction #4)

SENATE DISTRICT 32

5. List the following: NAME OF SPOUSE

ANNE B. BATES

6. List the names of any employer from which you, your spouse, or dependent child received \$1,000 or more gross income during calendar year 2008. If self-employed, list any occupation from which \$1,000 or more gross income was received. If employed by a state or municipal agency, or if self-employed and services were rendered to a state or municipal agency for an amount of income in excess of \$250, list the date and nature of services rendered. If the public position or employment listed in #3, above, provides you with an amount of gross income in excess of \$250 it must be listed here. **(Do Not List Amounts.)**

| NAME OF FAMILY MEMBER EMPLOYED | NAME AND ADDRESS OF EMPLOYER OR OCCUPATION | DATES AND NATURE OF SERVICES RENDERED |
|--------------------------------|--|---------------------------------------|
| DAVID E BATES | A N NUNES AGENCY 549 Hope St Bristol, RI | 1982 - PRESENT PRESIDENT |
| DAVID E. BATES | RI SENATE | 1992 - PRESENT |

7. List the address or legal description of any real estate, other than your principal residence, in which you, your spouse, or dependent child had a financial interest.

| NAMES | NATURE OF INTEREST | ADDRESS OR DESCRIPTION |
|-------|--------------------|------------------------|
|-------|--------------------|------------------------|

None

8. List the name of any trust, name and address of the trustee of any trust, from which you, your spouse, or dependent child or children individually received \$1,000 or more gross income. List assets if known. **(Do Not List Amounts.)**

NAME OF TRUST: None

NAME OF TRUSTEE AND ADDRESS: _____

NAME OF FAMILY MEMBER RECEIVING TRUST INCOME: _____

ASSETS: _____

9. List the name and address of any business organization or other entity, whether for profit or non-profit, in which you, your spouse, or dependent child held a position as a director, officer, partner, trustee, or a management position.

| NAME OF FAMILY MEMBER | NAME AND ADDRESS OF BUSINESS | POSITION |
|-----------------------|--|-----------------|
| DAVID E BATES | A N NUNES AGENCY 549 Hope St Bristol, RI | PRES. - TREAS |
| ANNE B BATES | | SECR - DIRECTOR |

David Anne Bates Securities
January 2009

| | | |
|--|---------------|-----------------------|
| ACCT - IRA FBO DAVID E. BATES | | |
| | | |
| Security Description | Symbol | Position Value |
| RESERVE INS DEPOSITS | RFI | 11,459.39 |
| CURRENCYSHARES SWISS FRANC TR SWISS FRANC SHS | FXF | 5,852.80 |
| FAM VALUE FUND | FAMVX | 1,743.38 |
| FIDELITY SELECT MEDICAL EQUIPMENT FUND | FSMEX | 1,388.85 |
| FIDELITY SELECT PORTFOLIO MEDICAL DELIVERY PORTFOLIO FUND | FSHCX | 1,393.74 |
| FIDELITY SELECT CHEMICAL PORTFOLIO FUND | FSCHX | 1,229.28 |
| GROWTH FUND OF AMERICA CLASS F | GFAFX | 5,629.95 |
| OPPENHEIMER GOLD & SPECIAL MINERALS CLASS A | OPGSX | 3,524.04 |
| T ROWE PRICE CAPITAL APPRECIATION | PRWCX | 6,436.44 |
| ROYCE PREMIER FUND INVESTMENT CLASS | RYPRX | 3,316.95 |
| SPDR GOLD TR GOLD SHS | GLD | 6,319.50 |
| VANGUARD SHORT-TERM U.S. TREASURY FUND | VFISX | 8,388.75 |
| | | |
| | | |
| ACCT - IRA FBO ANNE B. BATES | | |
| | | |
| Security Description | Symbol | Position Value |
| RESERVE INS DEPOSITS | RFI | 302.39 |
| GROWTH FUND OF AMERICA CLASS A | AGTHX | 2,740.96 |
| | | |
| | | |
| | | |
| ACCT - FBO DAVID E. BATES LVNG TRST DTD 8/17/95 DAVID E. BATES TTEE | | |
| | | |
| Security Description | Symbol | Position Value |
| RESERVE INS DEPOSITS | RFI | 100,609.44 |
| AMGEN INC COM | AMGN | 5,855.00 |
| CURRENCYSHARES SWISS FRANC TR SWISS FRANC SHS | FXF | 19,506.54 |
| FAM VALUE FUND | FAMVX | 4,607.18 |
| FIDELITY SELECT MEDICAL EQUIPMENT FUND | FSMEX | 3,472.11 |
| FIDELITY SELECT PORTFOLIO MEDICAL DELIVERY PORTFOLIO FUND | FSHCX | 3,484.36 |
| FIDELITY SELECT CONSUMER STAPLES FUND | FDFAX | 3,638.98 |
| FIDELITY SELECT CHEMICAL PORTFOLIO FUND | FSCHX | 3,073.19 |
| FIRST EAGLE GOLD FUND CLASS A | SGGDX | 12,385.74 |
| GROWTH FUND OF AMERICA CLASS F | GFAFX | 8,799.06 |
| ISHARES COMEX GOLD TR ISHARES | IAU | 25,323.00 |
| MFS UTILITIES FUND CLASS A | MMUFX | 5,190.20 |
| POWERSHARES EXCHANGE TRADED FD TR WATER RES PORT | PHO | 11,424.00 |
| T ROWE PRICE CAPITAL APPRECIATION | PRWCX | 8,599.79 |
| ROYCE PREMIER FUND INVESTMENT CLASS | RYPRX | 1,407.30 |
| ROYCE VALUE PLUS FUND SERVICE CLASS | RYVPX | 1,372.97 |
| VANGUARD SHORT-TERM U.S. TREASURY FUND | VFISX | 22,691.83 |
| VANGUARD INFLATION PROTECTED SECURITIES FUND | VIPSX | 11,289.80 |
| | | |
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| | | |
| | | |
| | | |

David Anne Bates Securities
January 2009

| ACCT - ANNE B. BATES LIV TRST DTD 08/17/95 ANNE B. BATES TTEE | | |
|---|--------|----------------|
| Security Description | Symbol | Position Value |
| RESERVE INS DEPOSITS | RFI | 94,749.31 |
| AMGEN INC COM | AMGN | 5,862.00 |
| CURRENCYSHARES SWISS FRANC TR SWISS FRANC SHS | FXF | 19,504.41 |
| FAM VALUE FUND | FAMVX | 3,339.21 |
| FIDELITY SELECT MEDICAL EQUIPMENT FUND | FSMEX | 3,472.11 |
| FIDELITY SELECT PORTFOLIO MEDICAL DELIVERY PORTFOLIO FUND | FSHCX | 3,484.36 |
| FIDELITY SELECT CONSUMER STAPLES FUND | FDFAX | 4,372.85 |
| FIDELITY SELECT CHEMICAL PORTFOLIO FUND | FSCHX | 3,073.19 |
| FIRST EAGLE GOLD FUND CLASS A | SGGDX | 20,400.67 |
| GROWTH FUND OF AMERICA CLASS F | GFAFX | 8,785.69 |
| ISHARES COMEX GOLD TR ISHARES | IAU | 25,299.00 |
| MFS UTILITIES FUND CLASS A | MMUFX | 5,190.20 |
| POWERSHARES EXCHANGE TRADED FD TR WATER RES PORT | PHO | 11,520.00 |
| T ROWE PRICE CAPITAL APPRECIATION | PRWCX | 13,168.03 |
| ROYCE PREMIER FUND INVESTMENT CLASS | RYPRX | 1,052.85 |
| ROYCE VALUE PLUS FUND SERVICE CLASS | RYVPX | 1,574.82 |
| VANGUARD SHORT-TERM U.S. TREASURY FUND | VFISX | 22,878.06 |
| VANGUARD INFLATION PROTECTED SECURITIES FUND | VIPSX | 11,236.34 |
| | | |

10. List the name and address of any interested person, or business entity, that made total gifts or total contributions in excess of \$100 in cash or property during calendar year 2008 to you, your spouse, or dependent child. Certain gifts from relatives and certain campaign contributions are excluded. (See instruction #10)

NAME OF PERSON RECEIVING
GIFT OR CONTRIBUTION

NAME AND ADDRESS OF PERSON OR ENTITY
MAKING GIFT OR CONTRIBUTION

NONE

11. List the name and address of any business in which you, your spouse, or dependent child individually or collectively holds a 10% or greater ownership interest, or a \$5,000 or greater ownership or investment interest.

NAME OF FAMILY MEMBER

NAME AND ADDRESS OF BUSINESS

DAVID C BATES
ANNE B BATES

A. N. NUNES AGENCY
549 HOPE ST
BRISTOL

SEE ATTACHED LIST

12. If any business listed in #11, above, did business in excess of a total of \$250 in calendar year 2008 with a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS
OF BUSINESS

NAME OF AGENCY

DATE AND NATURE
OF TRANSACTION

A N NUNES AGENCY
549 HOPE ST
BRISTOL, RI

RI CLEAN WATER
FINANCE

6/16/08
RFP - D+O
INSURANCE

13. If any business listed in #11, above, was a business entity subject to direct regulation by a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS OF BUSINESS

NAME OF REGULATING AGENCY

A N NUNES AGENCY
549 HOPE ST
BRISTOL, RI

DBR

14. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2009 and before the date you file this statement **AND** if said business was regulated by a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS OF BUSINESS

DESCRIPTION OF INTEREST (NOT AMOUNT)
AND DATE ACQUIRED AND/OR DIVESTED

NONE

NAME OF REGULATING AGENCY

HOW REGULATED

15. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2009 and before the date you file this statement, which did business in excess of \$250 with a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS
OF BUSINESS

DESCRIPTION OF INTEREST
DATE ACQUIRED AND/OR DIVESTED
(DO NOT INCLUDE AMOUNT)

NAME OF STATE
OR MUNICIPAL AGENCY

NONE

16. If you, your spouse or dependent child were indebted in an amount in excess of \$1,000 to any person, business entity or other organization other than (i) any person related to you, your spouse or dependent child at any time within the third degree of consanguinity, or (ii) a financial institution regulated by any state or by the United States where such indebtedness is secured solely by a mortgage of record on real property used exclusively as your principal residence, or (iii) any indebtedness arising from transactions involving credit cards, please list the following:

NAME AND ADDRESS OF DEBTOR

NAME AND ADDRESS OF LENDER

NONE

I certify under penalty of perjury, that this Financial Statement is a complete and accurate response to the questions presented as to the financial information and interests during the year 2008 of myself, my spouse, and my dependent children. I acknowledge that I may request an advisory opinion from the Ethics Commission as to my conduct under the Code of Ethics. I understand that a copy of the Code of Ethics will be provided to me at no cost upon request by contacting the Ethics Commission.

[Signature]

SIGNATURE

State of Rhode Island

County of

BRISTOL

Subscribed and sworn to before me at *BRISTOL* this *20th* day of *MARCH* 2009.

My Commission expires:

4/7/10

[Signature]
SIGNATURE OF NOTARY PUBLIC

THIS STATEMENT WILL BE RETURNED IF IT IS NOT SIGNED AND NOTARIZED AND IF ANY QUESTION IS NOT ANSWERED.